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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted with Initial
Filing Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	9482a
First Named Inventor	Gina Dellanina
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Dental Hygiene Device & Teeth Polishing Method

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/440,134	01/15/2003	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number 21905 OR Correspondence address below

Name JOHN J. CONNORS

Address 1600 DOVE STREET

Address SUITE 220

City <input type="text"/> NEWPORT BEACH	State <input type="text"/> CA	ZIP <input type="text"/> 92660
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Country <input type="text"/> US	Telephone <input type="text"/> (949) 833-3622	Fax <input type="text"/> (949) 833-0885
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name <input type="text"/> Gina	Family Name or Surname <input type="text"/> Dellanina
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Inventor's Signature 	Date 
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Residence: City <input type="text"/> Irvine	State <input type="text"/> CA	Country <input type="text"/> US	Citizenship <input type="text"/> US
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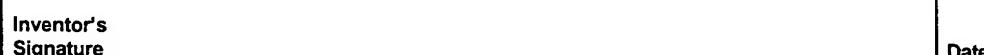
Mailing Address 2233 Martin #412

Mailing Address

City <input type="text"/> Irvine	State <input type="text"/> CA	ZIP <input type="text"/> 92612	Country <input type="text"/> US
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name <input type="text"/> (first and middle [if any])	Family Name or Surname <input type="text"/>
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Inventor's Signature 	Date 
---	--

Residence: City <input type="text"/>	State <input type="text"/>	Country <input type="text"/>	Citizenship <input type="text"/>
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Mailing Address

Mailing Address

City <input type="text"/>	State <input type="text"/>	ZIP <input type="text"/>	Country <input type="text"/>
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Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : Gina Dellanina
TITLE : Dental Hygiene Device & Teeth Polishing Method
DOCKET NO. : 9482a
CUSTOMER NO. : 21905

POWER OF ATTORNEY

I hereby appoint John J. Connors, whose USPTO Registration No. is 24,157, to prosecute the above-identified application, to appoint and substitute attorneys, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to John J. Connors
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Gina Dellanina

Signature of Applicant(s)

Date